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ABSTRACT

Topics included in this annotated bibliography on patient education are (1) background on development of patient education programs, (2) patient education interventions, (3) references for health professionals, and (4) research and evaluation in patient education. (TA)

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Patient Education
An Annotated Bibliography

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PATIENT EDUCATION
AN ANNOTATED BIBLIOGRAPHY

I. Background on Development of Patient Education Programs

1. American Hospital Association, Chicago, Illinois. Health Education in the Hospital. Proceedings of an Invitational Conference, May 4-6, 1964. 74 pages.
   The speakers set forth the need, opportunities, and recommendations for future developments of hospital health education programs.

2. American Hospital Association, Chicago, Illinois. Readings in Health Education, 1969, $4.25.
   A selection of articles describing educational efforts for Patients and Family and Community Education. The examples provide a variety of methods, approaches and specific disease areas. The introduction presents an overview of where the field is in its development and the problems to be solved.

3. American Hospital Association, Chicago, Illinois. Strategies for Patient Education. Proceedings of 1969 Invitational Conference.
   Documents the need and focuses on the issues for hospital based patient education programs. The participants formulated strategies for obtaining action through national organizations, agencies, and institutions.

4. American Hospital Association, Chicago, Illinois. "Patient's Bill of Rights." Statement endorsed by A.H.A. Board of Directors. Published Feb. 1973.
   The rights of the patient to know what is happening and the right to privacy and accountability are defined.

5. American Public Health Association, Office of Education & Training, 5600 Fishers Lane, Rockville Maryland. A Model for Planning Patient Education. Report of the Committee on Educational Task in Chronic Illness, Public Health Education Section.
   The model presents five planning steps to organize and institute a patient education program. They are: 1. Identification of educational needs of patient and family; 2. Set educational goals for patient and family; 3. Select appropriate educational methods; 4. Carry out educational program; 5. Evaluate patient and family education. The interrelationship of the steps is presented in diagrammatic form.

6. Gatzke, H.K., Yenney, S.L. "Hospital-wide Education and Training" Hospitals JAHA 47:93-97, March 1973.
The ideas presented on the development of an education and training program in a hospital form a good basis for similar consideration for the creation of a patient education program. Planning, organization, strategy and commitment are discussed.

7. Proceedings of Conference Southern Illinois Univ., Education for the Patient: Who, What, Where, Why - and at What Cost? Dept. of Health Education, Southern Ill. U., Carbondale, Illinois, April 1975.
Historical background of the evaluation of patient care, federal guidelines, cost effectiveness and reimbursement are presented. A patient education program is described, patient compliance explored, evaluation measures proposed and a look to the future projected.

8. Reader, G.G. Ed., "Proceedings of the Will Rogers Conference on Health Education." Health Educ. Monog. V. 2, Supplement 1, 1974. Society for Public Health Ed., Inc. Charles B. Slack, Inc., Thorofare, N.J. 08086.
Includes: patient education as reported in the findings of the President's Committee on Health Education; caring for the unmotivated population; and some concepts, methods and examples of cost-benefit evaluations. A reaction panel discusses the papers presented.

9. Richards, R., Kalmer, H. "Patient Education." Health Educ. Monog. V. 2, 1, Spring 1974.
A collection of eleven papers describe a variety of patient education programs in as many different institutions.

10. Rosenberg, Stanley G. "A Case for Patient Education." Hospital Formulary Management, Vol. 6, #6, June 1971.
The rationale for patient education is presented. Differentiates between information and education, lists educational methods, makes point that planned, organized educational program can cut readmission days, provide cooperative patients, remove some of burden of patient information from physicians, allow for more professional use of staff time.

11. Ulrich, M. Kelley, K. "Patient Care Includes Teaching." Hospitals JAHA, 46:59-65, April 1972.
A detailed description of the health education program at the Charles T. Miller Hospital in Minnesota. The multidisciplinary team approach is used to coordinate the program. Specific operational procedures are provided. Benefits to the hospital and the patient are identified.

12. Young, M.A.C. Review of Research and Studies Related to Health Education Practice (1961-1966): Patient Education." Health Educ. Monog. 26, 1968.
An extensive coverage of the literature on patient education demonstrations and studies by behavioral scientists and health professionals. The author summarizes the need for careful selection of methods and materials to be used in patient education and the necessity of evaluating the wide variety of educational programs.

II. Patient Education Interventions

1. Avery, C., Green, L.W., Kreider, S. "Reducing Emergency Visits of Asthmatics: An Experiment in Patient Education" presented as Testimony before the President's Committee on Health Education, Regional Hearings, Pittsburg, June 11, 1972.
A report of cost savings obtained by providing group discussion sessions for asthmatic patients. The paper provides the content of the discussions; size of groups and participants' response.

2. Ballantyne, D.J. "Closed-circuit Television for Patients." Amer. J. Nurs., 74:263-64. Feb. 1974.
Presents the way the tapes were developed locally, how their use is monitored and updated, the content developed, and the best time for showing various tapes. Also includes how the TV material is followed up with individualization by various health workers.

3. Bartlett, M.H., Johnston, A., Mayer, T.C. "Dial Access Library - Patient Information Service." N. England J. Med. 288:994-998, May 1973.
The article describes the way the service is organized, initial costs and maintenance, patient use and subjective evaluation. The backup materials needed are also identified along with the admonition to have a plan for introducing the service to the medical staff.

4. Benjamin, R.R., Shapiro, S. "Counseling as Preventive Medicine." Hospitals AJHA 47:105-108, March 1973.
The use of non-medical counsellors is described as part of a multi-health testing program. A flow chart is presented of the testing and counseling system which shows the way information is obtained and shared. Outcomes measures were not evaluated, however, the patient acceptance was high and the physicians gave general support to the program.

5. Bond, B.W. Group Discussion Decision: An Appraisal of its use in Health Education. Minnesota Dept. of Health, Minneapolis, 1956.
This publication contains an excellent review of Kurt Lewin's work with small groups. The study compares using lectures with the small group discussion method re: getting women to do breast self-examinations.

6. Conte, A., Brandzel, M., Whitehead, S. "Group Work with Hypertensive Patients." Amer. J. Nurs. 74:910-912, May 1974.
An example of small group discussion with inner city patients attending a hypertension clinic. The article describes the topics covered, the response of the patients, and the staff's preparation for the group sessions.

7. Copp, L.A. The Waiting Room: a Health Teaching Site. Nursing Outlook 19:481-483, July 1971.
Author suggests several methods for using waiting rooms, corridors, lounges, and other public areas for teaching. The reader is alerted to the way one can anticipate, identify and use these locations effectively.

8. Dodge, J.S. "What Patients Should be Told: Patients' and Nurses' Beliefs." Amer. J. Nurs. 72:1852-1856, Oct. 1972.
The differences between what the patient wants to know and what the nurse thinks a patient wants to know have been identified. The lack of professional awareness of this difference may be a major factor in noncompliant behavior.

9. Lee, E.A. "Annual Administrative Reviews: Health Education." Hospitals JAHA 48:133-139, April 1974.
The variety of educational efforts and other forces which have developed are reviewed. The article contains a long list of references on what a variety of health professionals are saying and doing in patient education.

10. Levine, P.H., Britten, A.F. "Supervised Patient Management of Hemophilia." Annals of Internal Medicine, 78:195-201.
Teaching hemophilia patients and their families to do home infusions of the clotting factor was demonstrated to be feasible and effective in reducing medical costs.

11. Lindeman, C.A., Van Aernam, B. "Nursing intervention with the presurgical patient - the effects of structured and unstructured preoperative teaching." Nursing Research 20:319-332, July-Aug. 1971.
The nursing staff was able to demonstrate a beneficial effect on the recovery rate of surgical patients through preoperative teaching. However, the nurses preferred to use planned instruction rather than depending upon their own knowledge of the procedures and subjective judgment.

12. Parsell, S., Tajliareni, E.M. "Cancer patients help each other." Amer. J. Nursing 74:650-651, April 1974.
A nurse and a social worker develop a "Tuesday Club" for incurably ill cancer patients. They discuss the patient themes, response and benefits of the social interchange. They also identify what the staff needs to do to help the group to function effectively.

13. Proceedings of the Workshop/Symposium on Compliance with Therapeutic Regimens. McMaster Univ. Medical Centre, Hamilton, Ontario. 1974.
The working conference report summarizes the findings on the measurement of compliance, its determinants and strategies for improving compliance with therapy. Educational interventions are reviewed and recommendations made for improving and isolating the educational "manoeuvres."

14. Rosenberg, S.G. "Patient education leads to better care for heart patients." HSMHA Health Reports 86:793-802, Sept. 1971.
A demonstration of an educational program for patients with congestive heart failure. The methods employed increased patient knowledge of the disease, medication, and diet; increased adherence to the prescribed regimen and reduced hospital readmissions.

15. Young, M.A.C., Buckley, P.H., Wechsler, H., Demone, H.W. "A Demonstration of Automated Instruction for Diabetic Self-care." AJPH, 59:110-122, Jan. 1969.
The use of teaching machines for health education is explored in this study. Principles to be used with the machines are discussed, however, the authors state that whether these machines are superior to traditional methods still remains to be answered.

III. References for Health Professionals

1. Becker, M.H., Drachman, R.H., Kirscht, J.P. "A New Approach to Explaining Sick-role Behavior in Low-income Populations." AJPH 64:205-216, March 1974.
Critical of the "shotgun" method of selecting variables for compliance studies and stresses the need to "diagnose the situation." Although directed toward improving research the suggestions of what to include in a systematic approach that provides for sequential learning experiences are relevant for program planning.

2. Bernstein, L. and Dana, R.H. Interviewing and the Health Professions. Appleton Century Crofts, Second Edition, N.Y. 1973.
A good reference in a basic technique needed for effective educational planning on basis of what exists.

3. Bond, B.W. Group Discussion-Decision: An Appraisal of Its Use in Health Education. Minnesota Dept. of Public Health, Minneapolis, 1956.
An excellent review of learning theory as applied to group discussion method. The educational interventions compared were directed toward influencing women to practice breast self-examination.

4. Davis, Fred. Illness Interaction and the Self. Wadsworth Pub. Co., Belmont, Calif., 1972 (Paperback)
Medical sociological views on how student nurses come to view themselves as professionals. Also discusses how patients and their families cope with illness.

5. Fostering the Growing Need to Learn. Monograph and Annotated Bibliography on continuing Education and Health Manpower. Regional Medical Programs, Public Health Service, DHEW, 1974.
A series of papers written by adult educators presents ideas on the management and process of planning in continuing education. Sections are also included on the health care practitioner as instructor and effective caring. The bibliography is very extensive.

6. Friedson, Eliot. Profession of Medicine: A Study of the Sociology of Applied Knowledge. Dodd, Mead and Co., N.Y. 1970.
A study of the social organization of the medical profession. The author examines the formal organization of the profession, the nature of illness, and the limits of professional knowledge and autonomy.

7. Gillum, F.G. and Barsky, A.J. "Diagnosis and Management of Patient Noncompliance." J. Am. Med. Assoc. 228:1563, 1974.
The authors list eight personality components, attitudes, and beliefs that seem important in determining noncompliance. They suggest ways the physician can make judgments about a patient's behavior and how to favorably influence those conditions.

8. Grifft, H.H., Washbon, M.B. and Harrison, G.G. Nutrition, Behavior and Change. Prentice-Hall Series in Family and Consumer Sciences, Englewood Cliffs, N.J., 1972.
Authors provide a framework for a broad view of food behaviors and the resultant effect on human welfare. They have brought together research findings, theory and empirical knowledge in an attempt to provide a balanced approach to the subject.

9. Green, L.W. "Should health education abandon attitude-change strategies? Perspectives from recent research." Health Education Monographs, No. 30, 1970.
The internal and external factors influencing the behavior of an individual are discussed and a scheme is presented as a "Classification of Change Process and Social-Psychological Outcomes of Behavior under Different Conditions of Psychological Readiness and Social Support."

10. Hamilton, W.P. and Lavin, M.A. Decision-making in the Coronary Care Unit: A Manual and Workbook for Nurses. C.V. Moody Co., St. Louis, Mo. 1975.
The original publication in 1972 was developed as a teaching method to use in conferences with coronary care unit nurses. The format is a brief didactic outline of a specific point followed by cases in which important nursing decisions had to be made. The revised edition has added a chapter on patient education.

11. Heydebrand, Wolf. Hospital Bureaucracy. Dunellen Publishing Co., N.Y. 1973.
A sociological study of the organizational structure of hospitals. The author discusses task structure, complexity, coordination and bureaucratic theory. A good orientation to the "hospital culture."

12. Kelman, H.C. "Compliance, identification and internalization: three processes of attitude change." J. Conflict Resolution 2:51-60, 1958.
An important differentiation of the way social influence occurs and the outcomes of each process. The difficulty of achieving internalization, the most realistic goal in health education, is well presented.

13. Knutson, Andie L. The Individual, Society and Health Behavior. Russell Sage Foundation, N.Y. 1965.
Excellent presentation of the theoretical underpinning for perception, motivation, values, attitudes and beliefs. The author discusses these as they apply to learning, the communication process and obtaining health action.

14. Krech, David; Crutchfield, Richard S.; and Ballachey, Egerton, L. Individual in Society: A Textbook of Social Psychology. McGraw-Hill, N.Y., 1962.
An introduction to social psychology combines theoretical concepts from social psychology, social anthropology, and sociology. Has an extensive discussion of cognitive theory, motivation, social attitudes, language and communication, culture, groups and organizations, leadership and group change, the effective group, and the individual and the group.

15. Korsch, Gozzi and Francis. "Gaps in Doctor-Patient Communication." Pediatrics, Vol. 42, No. 5, Nov. 1968.
Communication barriers between pediatrician and patient's mother are identified. Includes bibliography on doctor-patient relationship.

16. Kosa, J. and Zolak. Poverty and Health. A Sociological Analysis. Revised Edition. Harvard Univ. Press, Cambridge, Mass. 1975.
Several chapters are particularly relevant for patient education: The Social Aspects of Health and Illness, The Help-Seeking Behavior of the Poor, The Treatment of the Sick, and Readjustment and Rehabilitation of Patients.

17. Kuber-Ross, E. On Death and Dying. Macmillan Publishing Co., N.Y.. 1969. (Paperback)
An influential, compassionate book on the social psychology of the dying patient and what health care personnel can do for the terminally ill.

18. Lewin, Kurt. "Group Decision and Social Change" in Readings in Social Psychology. Henry Holt and Co., N.Y., 1947.
A basic reference on the introduction of the health behaviour change concept through the educational approach of small group discussion.

19. Mechanic, David. Medical Sociology: A Selective View. The Free Press, N.Y., 1968.
A sociological discussion of illness behavior from the patient's and doctor's perspective and the context of practitioner-patient interactions.

20. Leventhal, Howard. "Changing Attitudes and Habits to Reduce Risk Factors in Chronic Disease." The Amer. J. Cardiology, 31:571-581, May 1973.
The author reviews the literature on influencing individual behavior. He posits that since health behavior has multiple causes, changing behavior requires that one understand the sequence of steps leading to change. The physician as a communicator is discussed.

21. Podell, R.N. Physician's Guide to Compliance in Hypertension. Merck and Co., Inc. 1975.
A physician discusses the research on compliance, the educational process, and the inadequacies of most patient education interventions. The final section outlines specific actions the physician should take to favorably influence the patient's behavior.

22. Shapiro, I.S. "The teaching role of health professionals in a formal organization." Health Educ. Monog. No. 36, 1973.
The author analyzes an extensive experience in a group health organization in terms of how the structure and function of the various professionals affect the educational efforts.

23. Shipper, J.K., Jr. and Leonard, R.C. (Editors) Social Interaction and Patient Care. J.B Lippincott Co., Phila. 1965.
A good paperback reprinting of articles on the sociology and social psychology of patient care in the hospital.

24. Wise, Harold; Beckhard, Richard; Rubin, Irwin;and Kyte, Aileen. Making Health Teams Work. Ballinger Publishing Co., Cambridge, Mass., 1974.
The authors set forth the values implicit in health team operation and offer suggestions of how to cope with the problems health workers face in delivering comprehensive health care. The authors look at the overall administrative structure necessary for the team method, the roles, decision making, power distribution, and staff education. The analysis builds on the Lewian Life space model.

25. Young, M.A.C. and Simmons, J.J. "Review of Research and Studies (1961-1966) Psychological and Cultural Factors Related to Health Education Practice." Health Education Monog. No. 24, 1967.
One of a series of six monographs. This one examines motivation and perception, role theory and analysis, small group research, studies of organizations, and organizational change. Provides a comprehensive annotated review of the literature.

IV. Research and Evaluation in Patient Education

1. Arnold, Mary F. "Criteria for Documentation and Education of Cancer Public Education Programs." Health Education Monog. No. 36, 1973. Charles B. Slack, Inc., Thorofare, New Jersey.
A discussion of the appropriateness and feasibility of evaluating programs is presented along with the factors which influence the impact of the evaluation effort. The author also examines the types and levels of evaluation.

2. Becker, M.H. (Editor) "The Health Belief Model and Personal Health Behavior." Health Education Monog. Vol. 2, No. 4, Winter 1974.
Twenty years of research on this model is reviewed and synthesized. The several authors examine the studies related to the model and offer their critique on its current applicability and need for future field studies. It is recommended as "a textbook and as a basic reference for students, practitioners, and investigators."

3. Green, L.W., Talamanca, I.F. "Suggested Designs for Evaluating Patient Education Programs." Health Education Monog., Vol. 2, No. 1, Spring, 1974.
The authors classify patient education studies reported in the literature on the basis of their quasi-experimental designs. (As described by Campbell and Stanley) Suggestions research designs are proposed along with the strengths and weakness of each.

4. Green, L.W. "Toward Cost-Benefit Evaluation of Health Education: Some Concepts Methods, and Examples" in Health Education Monog., Vol. 2, Supplement 1, 1974.

The author redefines evaluation and develops a scheme for looking at the relationships among the relevant factors of health education and specifies the opportunities for evaluation. A cost-benefit index is proposed to identify the specific parameters and statistics required to conduct standardized estimates for comparisons among the factors.

5. Green, L.W. "Evaluation of Patient Education Programs: Criteria and Measurement Techniques" in Proceedings of a Conference on Education for the Patient." Southern Illinois University, Carbondale, Ill. June 1974.

A didactic summary of definitions, criteria, measurement techniques and designs of material previously published by the author. The balance of the article provides four principles of health education as propositions along with their implications for evaluative research in patient education.

6. Knutson, A.L. "Pretesting and Evaluating Health Education." Public Health Service Monog., No. 8. Government Printing Office, Wash., D.C., 1952.

An old but basic discussion which cites the questions to be asked prior to program and/or materials development. The author's explicit questions point out different levels of audience exposure and are basic to setting measurable objectives in education.

7. Roberts, B.J. "Research in Educational Aspects of Health Programmes" International J. of Health Education, Supplement to Vol. III, Issue No. 1, Jan.-Mar. 1970.

A very comprehensive presentation of the nature of health education and those problems requiring research. A section is devoted to the educational problems requiring research with illustrations from medical care. A conceptual model to guide health education research is included.

8. Young, M.A.C. "Review of Research and Studies Related to Health Education Practice (1961-1966): Program Planning and Evaluation." Health Education Monog., No. 27, 1968.

The literature is reviewed with regard to the concepts, models and methods of evaluation. Conceptual studies specifically related to health education are presented along with some early program evaluation efforts.

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